

Family Oriented Group Home Program Application

This is a fillable form.
Please fill in all application information and mail to:

Terry Wagner, Program Manager
Family Oriented Group Home Program
Post Office Box 532
Yorktown, Virginia 23690

Department of
Community Services

Division of Juvenile
Services



Branches of:

Family Oriented Group Homes
Community Supervision
Outreach Detention
Electronic Monitoring
Crossroads Community Youth Home
Project Insight/House Arrest

BRIDGES-FOG HOMES APPLICATION

Date: _____

PART I - PERSONAL DATA:

Husband's Full Name: _____

Date of Birth: _____ Social Security No: _____

How long have you lived in this area? _____

Wife's Full Name: _____

Date of Birth: _____ Social Security No: _____

How long have you lived in this area? _____

Home Address: _____

Home Telephone No: _____ Marital Status: _____

If you have lived at this address less than five years, please list address and dates of residences for the past five years:

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Children: Please list all children regardless of ages.

NAME	DATE OF BIRTH	SEX	SCHOOL	GRADE
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Number of natural children residing in your home: Males _____ Females _____

Any other children living in your home? _____

Name: _____

Relationship: _____ Age: _____

PART 11 - PHYSICAL SETTING

Housing: Buying _____ Renting _____ Own _____

Number of Bathrooms: _____ Number of Bedrooms: _____

Number of beds available for program use: _____

Home Owner's Insurance: Yes _____ No _____ Amount of Coverage: _____

Name of Insurer: _____

Driver's License:

Husband's No: _____ State: _____ Date of Expiration: _____

Wife's No: _____ State: _____ Date of Expiration: _____

Automobile Insurance:

Type of Coverage: _____

Insurer: _____

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Brief description of living facilities:

Brief description of the family's neighborhood:

Strengths and weakness of community setting:

PART III - COMMUNITY ACTIVITIES

Husband's occupation: _____

Name and address of employer: _____

Length of time employed with above: _____

If less than five years, list work history covering that period of time:

Military history and dates: _____

Wife's occupation: _____

Name and address of employer: _____

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Length of time employed with above: _____
If less than five years, list work history covering that period of time:

Military history and dates: _____

Religious Affiliation: _____ Wife: _____ Husband: _____

Public school attended and level completed:

Wife: _____ Grade: _____

Husband: _____ Grade: _____

College attended (please indicate curriculum, number of credit hours or degree received):

Wife: _____

Husband: _____

Community and/or Social affiliations: _____

Previous foster care experience: _____

Have you volunteered in any youth related activities? _____

I certify that I have answered Part I, Part II, and Part III of this home study truthfully and accurately.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

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1. Have either (husband or wife) ever been arrested? _____
If yes, please explain in detail who was charged, what charge, where it occurred and the date:

2. Are either (husband or wife) currently receiving or have ever received psychiatric, alcohol or drug treatment? _____
If yes, please explain - dates, time, duration, symptoms of illness, etc:

3. Have you (husband or wife) ever been reported to Social Services for possible child abuse or neglect? _____

PART V - GENERAL INFORMATION

1. How were you introduced to the Bridges-FOGH Program?
2. What characteristics do you possess which would make you a positive foster parent?

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3. When working with "troubled" youth, what do you feel are a parent's most beneficial qualities?
4. Characteristics of youth best suited to your family?
5. Assess your family's ability to accept a youth and absorb him/her into your household:
6. List hobbies and leisure activities of your family:
7. Briefly describe the expected attitudes and/or feelings of extended family members and neighbors toward youth (s) placed in your home:

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1. How do you anticipate your children responding to the youth?
2. What expectations will you place on a youth residing in your home?
3. Please indicate in this space any additional information which will relate to us your ability to work with youth involved in this program.

I certify that I have answered Part IV truthfully and accurately and Part V to the best of my ability.

Signature: _____ Date: _____

Signature: _____ Date: _____